REQUEST FOR PATENT FEE REFUND						
1 Date of Request: 5-17-05 2 Serial/Patent # 10-5/8, 505						
3 Please refund the following fee(s):			APER JMBER	5 DATE FILED	6 AMOUNT	
	Filing		/	12/10/05	\$ 100	
	Amendment				\$	
	Extension of Time				\$	
	Notice of Appeal/Appeal				\$	
	Petition				\$	
	Issue				\$	
	Cert of Correction/Terminal Disc.				\$	
	Maintenance				\$	
	Assignment				, \$	
	Other				\$	
			7 TOTAL AMOUNT OF REFUND \$			
		8 7	8 TO BE REFUNDED BY:			
10 REASON:			Treasury Check			
	Overpayment	U	7	Credit Dep	osit A/C #:	
	Duplicate Payment		9			
	No Fee Due (Explanation):				· · · · · · · · · · · · · · · · · · ·	
11 REFUND REQUESTED BY:						
TYPED/PRINTED NAME:			TITLE:			
SIGNATURE:		,	PHONE:			
OFFICE:						
THIS SPACE RESERVED FOR FINANCE USE ONLY:						
APP	APPROVED:					

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B